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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL.

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O. C. WELBOURN, A. M., M. D., Editor

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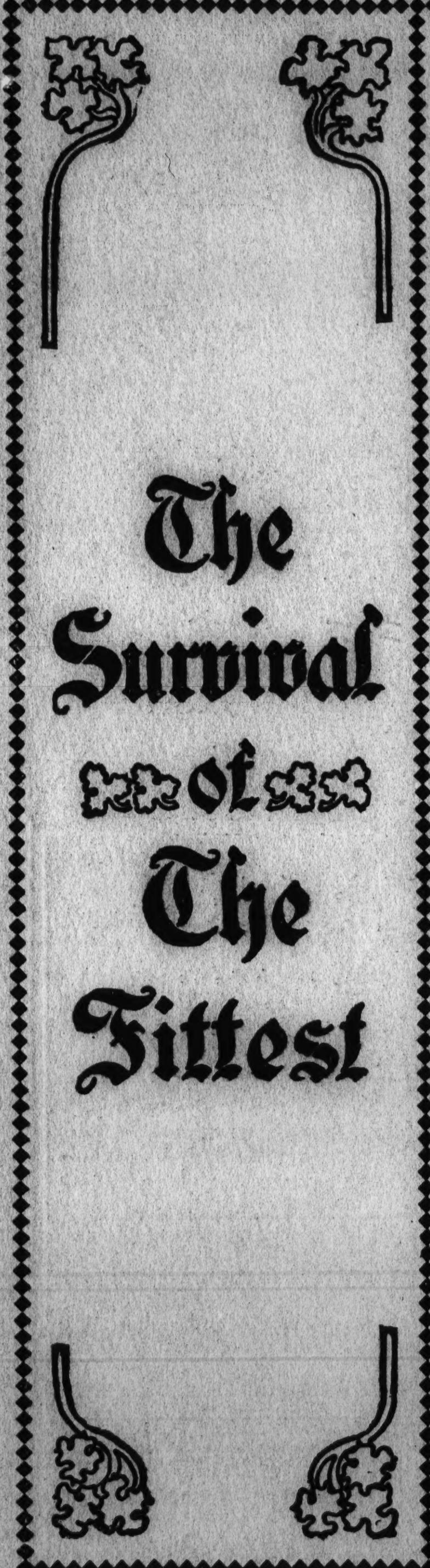
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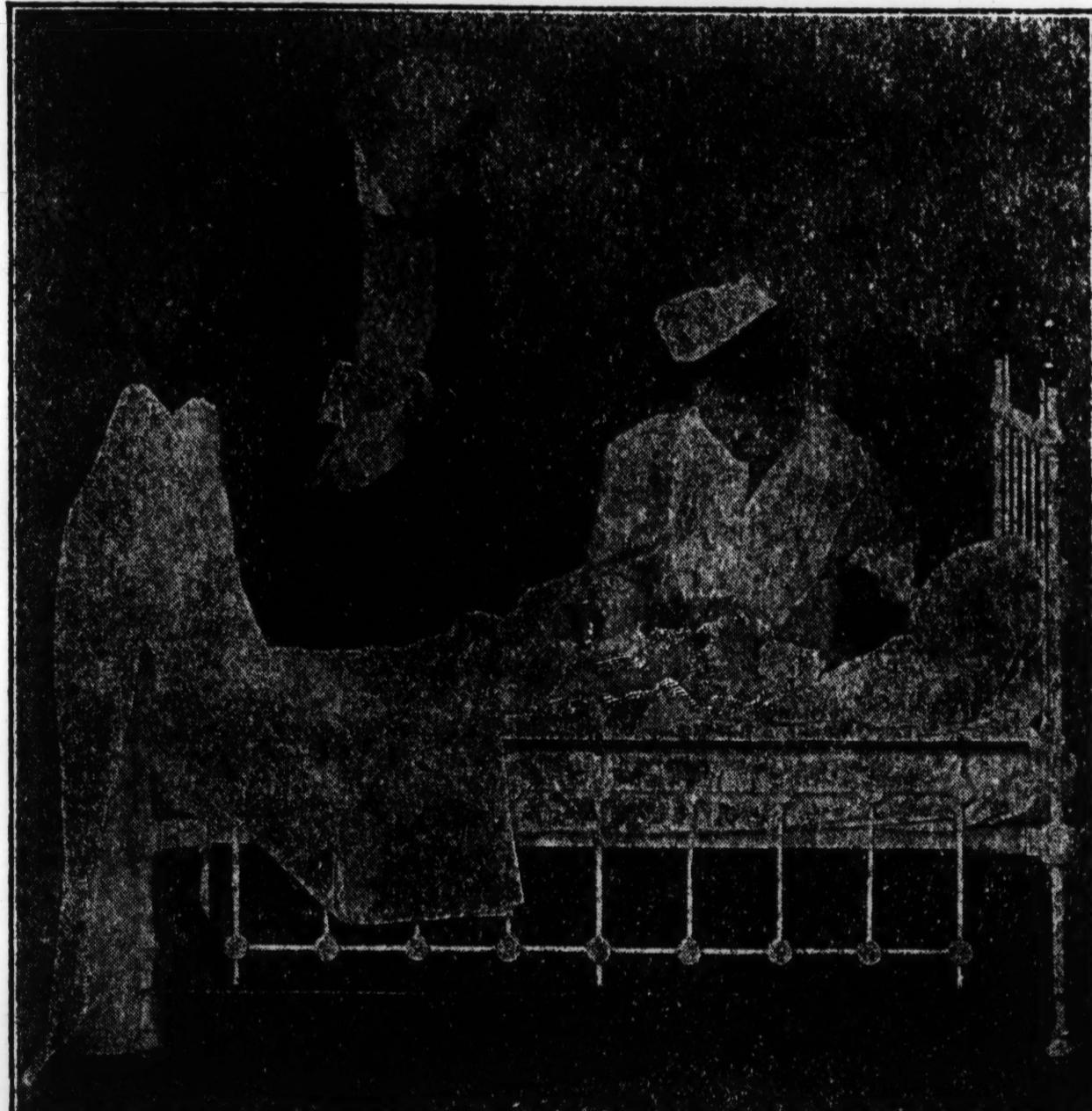
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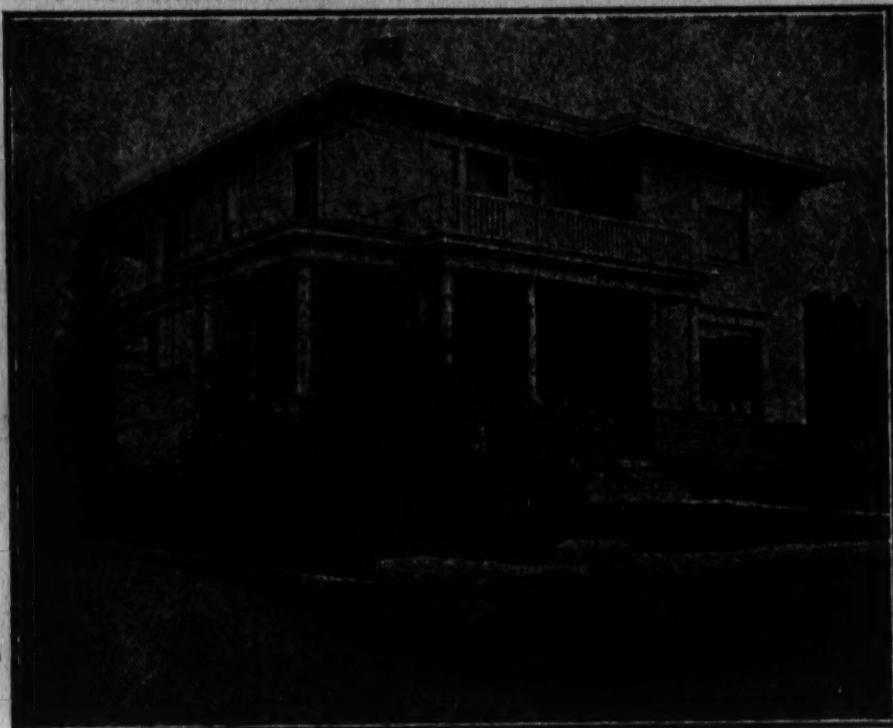
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By LEONARD WILLIAMS, M. D., M. R. C. P.,

Physician to the French Hospital; Assistant Physician to the Metropolitan Hospital,
LONDON, ENGLAND

The Clinical Journal, Dec. 30th, 1908

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Eclectic Med. Gleaner, 224 Court St., Cinti., O.....	1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O.....	2.00	1.60
Eclectic Review, 140 W. 71st St., New York, N. Y..	1.00	.80
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The Treatment:

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The California Eclectic Medical Journal

Vol. II

SEPTEMBER, 1909

No. 9

Original Contributions

ALCOHOLICS.

Q. A. R. Holton, M. D., Whittier, California.

Read Before the Southern California Eclectic Medical Association.

Probably no single article is the subject of so much or so heated discussion as Alcohol. And I do not approach it with the hope of saying anything new.

My aim is briefly to review some of the changes that have taken place in opinions as to its value both as a medicine and as a beverage. Dr. Paracelus some time in the 15th century, I think it was, discovered the method of distilling alcohol and thought he had discovered the elixir of life; but, it is said, he died of alcoholism. But the use of fermented alcoholics as a beverage and as a medicine dates back to the dawn of history. Noah made wine and got drunk even after his long ride on the water wagon. All through the ages the dire results of the excessive use of wine and other alcoholics were recognized and condemned by the wise and prudent. But the mass laid the blame of the bad results not at the door of the thing itself but at the door of the victim. Wine was a life giving cordial, a soother of all troubles, a gift of GOD.

Such was the estimate placed on it by the populace and the profession throughout ancient and medieval times by all Christian nations. So complete was this homage that wine was taken along with bread as the emblem of eternal life and enthroned in the church with supernatural power to cleanse from sin and impart spiritual life.

Exceptions to this homage are found in some of the wisest Oriental Philosophers and rulers who condemned its use entirely. It is said that ancient China by edict of its rulers dug up and destroyed every grape vine in the empire, thus completely eradicating wine from the land for many centuries; and China survived to see the rise and fall of Greece and Rome and many other bibulous nations. Notwithstanding the great part it has so plainly played in the downfall and destruction of so many of the great and good, yet through it all it held its place of esteem and homage. It was believed to be a remedy

for all the ills of flesh and spirit. It has been the constant prop, on which has leaned in confidence of its power to support, all classes in all emergencies of life. It was supposed to inspire the poet, to sanctify and add unction and power to the efforts of the priest and minister of the gospel; and was freely and perhaps honestly used for these purposes. The lawyer at the bar, the judge on the bench, the statesman in the halls of legislation relied on it to stimulate and sustain them through their arduous labors. And the Doctor—Ah—to disarm him of this “All heal,” this universal panacea, was to render him helpless before the onslaughts of disease.

From the parturient chamber to the death struggle of the aged it was his constant reliance. Should everything else fail he could and did fall back on this. Not only did patients need it but he himself could not be expected to brave the wintry cold, the summer's heat, the drenching rain and the drifting snow, the loss of sleep and the strain of nerve without this sustaining help, and he didn't. At least most of them didn't. And yet all these have not been blind to the evils caused by alcohol.

They have beheld and lamented the ever widening stream that was bearing vast numbers to despair and death, but what could be done? Because some allowed it to get the mastery over them was no sufficient cause for banishing a thing so valuable and absolutely necessary in so many emergencies. With more recent light it now seems strange with what confidence many of the older physicians of this generation used to rely on whiskey, brandy, beer and gin to meet a multitude of conditions. We gave our consumptives whiskey compounds or whiskey straight believing it improved digestion, enriched the blood; furnished food and heat for the failing body. We now know that it injured digestion, poisoned the blood and is not a food in any sense and does not generate normal heat, but is a frequent and direct contributor to the development of tuberculosis.

We formerly gave gin and beer to increase the action of the kidneys. We now know that these are promoters of nephritis and kidney degeneracy.

Not so very many years ago a doctor who failed to give his typhoid patient freely of whiskey was almost guilty of malpractice in the estimation of a large percentage of his medical brethren. We now know that it added poison to poison in typhoid and so contributed to the death of thousands.

Formerly these so-called stimulants were relied on as preventives in epidemic diseases. We now know that their use only opened the door and invited the intruder in and then

joined hands with him in the destruction of the trusting victim.

Every surgeon now approaches an operation on an alcoholic subject with trepidity well knowing the dangers that lurk in his poisoned blood and tissues. Within the memory of some of us it was common to give freely of whiskey before and after an operation.

So recently has the dominant branch of the medical profession (and some others) relied on whiskey to stimulate and sustain the lagging heart in the critical stage of Pneumonia, that one almost hesitates out of friendly regard for their feelings, to remind them that this course of treatment to the exclusion of rational, tried and proven therapeutic agents is a chief cause of the high mortality in this disease for it is now known that alcohol does not stimulate the heart in any protracted strain.

This then seems to be its last ditch. One by one the props have been knocked from under this all around pretender by scientific research.

Let us see how far we have come along this line of changing opinion and absolute knowledge, since the old days of homage. It is not a universal remedy, but a poisoner of the system. It is not a food but a block to digestion. Not a preventor of waste, but a clog to the kidneys. Not a prophylactic but a cause of disease, not a heat producer but a hindrance to metabolism on which normal heat depends. Does not protect the body when exposed to extreme cold, only paralyzes the sensory nerves. Not a sustainer in heart weakness or strain, but a paralyzer of muscular fiber. Not a stimulant in the sense of increasing normal activity in any organ in the body but always and everywhere a poison. An excitant primarily as are all poisons and a paralyzer secondarily.

These changes of opinion have come about mostly in the last half century with its improved laboratory work and its rapidly widening field of operation. The Russian Physiologist Pawlow who stands at the head in the line of digestive processes has thrown some valuable light on the action of alcohol in the stomach. Time forbids that I even briefly review these investigations but they, with the researches of many others point to the complete downfall from the field of therapeutics of this once universal remedy and its confinement to the field of mechanical and chemical arts. And, we only await the gradual yielding of long habits and old prejudices among physicians to the new knowledge. Then we shall see an end of prescriptions with "Spiritus frumenti" as a base.

What has been the secret of the hold of Alcohol over the human family? By what occult power was this Colossus able to masquerade all through the ages as an angel of light and mercy?

Briefly let us examine its known action as revealed by recent research.

Pawlaw demonstrates the existence of a secreto-inhibitory influence presiding over the gastric glands and pancreas. Powerful and unusual agents as ice water, sol. nitrate of silver, etc., poured into the stomach caused great diminution of the activity of the peptic glands lasting several hours or even days. This effect on the secretory glands was caused by the inhibitory influence of the nerves controlling peptic activity as a defense against the dangers of injury from the unwelcome and injurious substances. This inhibitory influence extended to the small cavity of the stomach where the disturbing agent had not touched thus showing that the action came from the nerve centers and not merely from local action of the peripheral nerves. But in the case of alcohol there was a reversal of these effects. Instead of an inhibitory action of the nerves closing the door as it were in the face of the intruder there was paralysis of inhibition and a consequent increase of acid juice. This paralysis of inhibition and consequent pouring out of gastric juice abnormally is doubtless the stumbling block that causes so much misunderstanding as to the effect of alcohol on the digestion. One can easily see that some cases of indigestion dependent on insufficient acidity of the juice would be temporarily relieved by this increase of the flow. But we know what would ultimately take place, exhaustion of the glands and complete breaking down of digestion.

Again in case of over strained heart in pneumonia, the increased action of the heart under alcohol may have been and I believe was caused by a temporary arrest of inhibitory action of the vagus over the heart. The consequent increased excitatory action was mistaken for healthy stimulation.

In typhoid the lowered temperature and other seeming amelioration sometimes following the use of alcohol was but the depressing and paralytic effect on the nerve centers similar to that produced by the coal tar preparations.

This unbalancing of the excito-inhibitory nerve action is characteristic of alcohol in all its spheres of influence. The sense of exhilaration following a full dose is but the temporary flooding of the brain with blood by means of capillary relaxation and this capillary relaxation is caused by partial paralysis of the vaso-motor nerves.

In the realm of mental activity it maintains its paralyzing reputation. A moderate amount will unbalance the inhibitory function of the mind and send the victim off into volubility. He runs on like a machine without a balance wheel, which in fact he is. He imagines he is saying smart things, laughs and expects his friends to laugh at his senseless drivel. He thinks he is making a great impression on his friends, but they know he is only making an ass of himself and hurry him off. His mental inhibition is suspended. So also in the moral field. Under its influence his normal control over his animal passions and instincts is paralyzed, and he is liable to commit any crime in the category.

Thus has this wily Lethean spirit of wine committed the rape of the soul, while clothed in the livery of heaven.

ECHAFTA.

J. T. Farrar, M.D., Berkeley, Cal.

Read before the California Eclectic Medical Society.

I have limited my practice to Echafolta having ceased to use Echinacea from force of habit.

I will not write an extensive account of all that Echafolta will do, but note just a few of the many good things that the drug will do from a clinical standpoint.

If we are to be excused from running in grooves and remaining at a standstill in the use of certain ideas, that one idea might be in the use of Echafolta.

While we do not prescribe remedies for names of diseases yet we will always find a condition in typhoid fever that will call for echafolta. In this disease I use but little food, if any, and seldom use the sedatives, but I remember a single case in which I did not use echafolta. I usually prescribe about gtt x in a four ounce mixture. Mild doses are necessary to prevent deranging the stomach. Typhoid calls for large quantities of water and frequently repeated, and medication may be simplified by using small quantities of echafolta in the water.

In diphtheria especially of the septic type, I use echafolta both internally and as a spray.

Probably the most marked place for the use of echafolta is in indolent ulcers. My method is to first cleanse with a ninety-five per cent. carbolic acid followed immediately by alcohol, for it is a known fact that alcohol corrects any injurious effects of carbolic acid. After the surface becomes dry I use echafolta straight, and while the surface is still moist I dust on calomel. I never permit an ulcer to be cleansed with water. In fact I have but little use for water in the cleansing

of any wound. In all skin diseases I avoid water unless it be mixed with Rose, Florida or some other scented material.

In erysipelas I seldom use anything other than echafolta given both internally and externally. Here I give larger doses, usually five drops every three hours while externally I use all the way from a 25% solution to the straight article.

In conclusion I will note two cases: A Mr. B—— while attempting to drive in front of a street car was knocked down and seriously injured about the breast. A suppurating wound followed and would not heal. In the course of time he placed himself under my care. I used the treatment referred to above. First applying echafolta straight and followed by dusting on calomel. Only a short time sufficed to heal entirely. Not long afterwards it began to suppurate again and again the same treatment was applied with like results. This occurred a number of times when I finally lost sight of him. It may not have been a wise thing to do. The wound probably should have remained open and other methods employed, but I mention this merely to show the effect of treatment employed.

Case two: This was a severe case of erysipelas. A carpenter employed on a building was precipitated to the ground, a distance of about twenty feet, sustaining a severe abrasion of the left leg from the ankle to the knee. After attending him about a week erysipelas developed and was one of the most stubborn cases I ever met with. There was a severe burning and swelling of the parts. All lotions applied seemed futile. Everything in the *Materia Medica* was applied with negative results. As a last resort I used echafolta straight with happy results. From that time on nothing was used but echafolta internally and externally and the patient made an uneventful recovery.

I do not mean the use of this agent to the exclusion of the rational treatment in any case, as each case is a law unto itself. No one would think of applying echafolta or anything else to a fresh wound, but where the conditions are favorable nothing is more certain in its action than echafolta.

SINISTER SEXUAL PSYCHOSIS.

By Herbert T. Webster, Oakland, Cal.

The recent assault upon little Anna Poltera in Los Angeles, revives interest in a subject which has received scant attention from medical men, but which is nevertheless an important one. It concerns medical practitioners more, perhaps, than any other class, because they are brought into contact with those affected with greater frequency, and it involves a cer-

tain form of insanity; an important subject among practitioners of the healing art.

Sexual perversion presents us with many disgusting phases of humanity, but this is no reason we should remain in ignorance on the subject. It is our duty to be informed upon everything that pertains to our calling, if we are to represent an enlightened profession. Ignorance upon other subjects than therapeutics has been imputed to us, and justly in the past, without doubt. In these days, Eclectics are supposed to possess as wide a knowledge of the various branches of medicine as other schools, thanks to the progressive spirit of the age. Because we excel in therapeutics is no reason we should neglect to inform ourselves upon other branches of medicine necessary to round out our education as generally informed medical practitioners.

The subject of sexual psychopathia is a large one, and it is not my intention to touch upon many of its phases. Permit me to remark, however, that every practitioner ought to make himself conversant with it, in order to be prepared for emergencies which are ever liable to arise. This article will be devoted to a few of the extreme and most dangerous phases of this branch of medical study.

It is surprising how many cases of sexual perversion modern times afford. Though advance in civilization has modified to a great extent much that was popular in sexual abuse among the ancient Greeks and Romans, and the Asiatic people from whom they probably drew their inspiration, it seems to have left a taint upon our moral atmosphere, and abnormal sexual appetite crops up very often in these days, even in our very midst. There are various kinds of sexual perverts, and while many of them are more harmful to themselves than to the communities in which they live, some are extremely dangerous to a certain class of people.

Probably the most dreaded forms of this disease are what are known as sadism and necrophilia. Sadism leads to cruelty toward the weaker sex, and sometimes to murder of the most aggravated character; and it may exist in those who possess refinement and training in all the amenities of the highest civilization. It may arise in those from whom such acts are entirely unsuspected until they are unmasked. Sometimes the vice is concealed until a series of revolting crimes have been committed. An example of this kind was that of the White-chapel murderer, "Jack the Ripper," who committed ten cruel murders without detection, and the absence of uterus, ovaries and labia from his mutilated victims pointed to anthropophagy; and the perpetrator was never detected.

The sadist derives no sexual satisfaction unless he inflicts cruelty upon the object of his passion. This may amount to the infliction of blows, scratches, bites or other maltreatment not necessarily fatal, or it may extend to a passion for lust-murder; and he is only satisfied by inflicting violent death upon his victim before or while he violates the body. It seems that only in thus destroying the object of his lust is his abnormal craving sated. In some cases sexual contact is not required. The violent death of the victim satisfies the sexual longing, though this does not seem to be usual. Spitzka cites the case of several of the Caesars, who delighted to witness the slaughtering of maidens from sexual motives—a family which presented a number of examples of transmitted mental disorder. Many sexual perverts care nothing for sexual contact. Their perversion leads to excesses of an entirely different character, and venery may possess no charms for them. Sexual gratification is brought about by diverse acts and surroundings entirely foreign to natural methods.

Necrophilia seems to be closely related to sadism. Probably the two go together, in many cases. Horrible as it may seem, some beings in human form crave congress with dead subjects. While necrophilia need not always be associated with lust, it frequently is, without doubt; for the love manifested in such cases is usually for the opposite sex. It occurs on the active side of sexual life—in the male sex—and there is hardly a case on record where female demonstration of necrophilism has been known.

On this vice the Library of Universal Knowledge contains the following: "An unnatural and revolting love or appetite for the dead which has manifested itself in various ways. Consorting or living with the dead has been observed as a characteristic of melancholia. Individuals have inhabited graveyards, preferring the proximity and association of corpses with which they had no tie, to the cheerfulness and comforts of home; and there is recorded one notorious case, in which a gentleman, although on bad terms with his wife while alive, carried her body with him through India, scandalizing the natives, and outraging the feelings of all by placing the coffin under his bed. The most extraordinary exhibition of necrophilism is where individuals, not in fancy but in reality, have exhumed corpses to see them, to kiss them, to carry them away to their homes, or to mutilate them and tear them to pieces."

This vice may occur as a periodical insanity; a noted example of which was the case of the French Sergeant, Bertrand, who at great risks broke into churchyards upon various

occasions to dig up the bodies of female subjects, to violate and mutilate them. The hereditary history of the man, signs of maniacal excitement at the time of the outbreak and their periodical occurrence, pointed unmistakably to insanity.

A notorious case occurred in San Francisco about fifteen years ago, which demonstrates some of the attributes suggested in the foregoing remarks. A medical student by the name of Durant murdered two young ladies on separate occasions and secreted both the bodies in the tower of a church to which he belonged, and to which he had access as an assistant keeper. No reason could be found for the crimes, except sexual perversion, as both victims were poor, possessed no valuables, were girls of estimable character and were not keeping company with other young men or conducting themselves in any such way as might have given rise to jealousy on the part of the murderer. They were innocent girls of about sixteen and eighteen years of age, belonging to respectable people, and were regular attendants of the same church and the Sunday school connected with it.

One of the bodies, the first missed, was finally found in a mutilated condition secreted behind some scaffolding in the loft; but the second one was entire, though it bore marks of violation. The culprit remained at his various duties during the search for the missing girls, and maintained a stubborn silence during his incarceration and trial; but the circumstantial evidence was so strong against him that he was hanged for the crimes.

Durant was an advanced medical student, of more than average ability, education, and supposed refinement, considerable of a society man, and a shining light in the church; but he was a sexual pervert, and of the kind which leads to murder of the most revolting character.

There is no cure for such subjects, any more than for some other forms of insanity; unless, perhaps, castration, and such treatment is not at present legalized. They may be sane on other affairs, and so conduct their lives that they may even be regarded with favor by the community, and conceal their propensity by a promising exterior, until a fatal outbreak results in the shocking death of some innocent victim, frequently a helpless child. This outbreak is really an act of insanity; but, as the culprit may be sane on other subjects he is not liable to be suspected at first, and unless circumstantial evidence leads to his conviction he may escape the penalty, while suspicion rests upon some scalawag whose worst offense is that he is leading a nomadic existence. In rural communities, tramps are

liable to be censured for all deeds of violence, unless the real culprit is known.

When such subjects are placed upon trial, they face judge, jury and lawyers who know nothing, as a rule, of the subject of sexual perversion; and if murder has been done and the suspect is found to have committed the outrage, he suffers the extreme penalty. Such persons are better dead than alive; though it is probable that castration would remove the element for good and all that leads them to such acts, and that they might live useful lives afterwards.

The occasional murder and ravishment of young girls is nearly always the work of such perverts. In 1905, an outrage of this character occurred in Scriba, Oswego County, New York, a few days before the writer arrived in that neighborhood on a visit. Great excitement prevailed in the usually quiet rural community for many weeks. Cora Sweet, a little girl of nine or ten years, the darling of the family and the pride of the neighborhood, while on her way to Sunday school, was murdered and violated by a man of thirty-odd, who accompanied her as a friend and neighbor, in a strip of woods to which he enticed her, under the excuse that it was a nearer route than by the road. Her skull was crushed with a stone, and the genitalia bore blood and other marks of violence.

The murderer expressed ignorance of the whereabouts of the child when her absence was noted, joined a searching party, and led it away from the scene of violence as long as possible. When the body was found he expressed great indignation, and breathed threats of vengeance against the guilty party while search for the aggressor was going on. The country was scoured for traces of a tramp, and if one had been found he would probably have been summarily lynched by the exasperated neighbors. His mother, a widow, with whom he lived, later on noticed traces of blood upon his underclothing, though an effort had been made to wash it out; and this led to his detection.

After his incarceration he broke down and confessed, admitting that sometime during the day, after the murder and first violation, he visited the body and violated it a second time. He finally expressed great contrition for his crime, and welcomed death by electrocution as a just punishment, declaring that he did not understand what demon had possessed him. He had borne a good reputation in the neighborhood for years, and his act came as a shock to everybody. Ordinarily, such acts are liable to be ascribed to hoboes, but hardly any one could be so hardened as to commit such an act unless insane; for sexual perversion is surely a species of insanity, though the



subject be sane on other subjects and exemplary in ordinary conduct.

During the writer's early practice a similar case occurred at Youngstown, Ohio. A young girl was murdered and mutilated in the suburbs of that place, and violation of her person was accomplished. In this case a tramp, a stranger in the vicinity, was arrested, tried, sentenced and hung, though he denied any connection with the affair throughout his trial and on the gallows. Blood-stains, partly washed out, were found on his clothing, however, and as no more outrages of the kind occurred there, it is probable that he was the guilty party.

Spitzka, in his work on insanity, classes such subjects as the victims of "imperative conceptions and morbid propensities." We all know what an imperative conception is from experience. Many of us have experienced fear of the impulse to leap over a high precipice or from some other great height when upon its verge, or commit at times some violent act against others and against sane argument of the contrary, without the least provocation. The example of the eminent savant who in crossing a bridge was strongly tempted to push a boy sitting on the parapet into the water below that he felt constrained to turn and go away without crossing, is an example of this kind. If such imperative conceptions sometimes take hold upon those of perfect mental equipoise, what must we expect of neurotics, with morbid impressibility of the nervous system. In them, the imperative conception may exist for years, to finally culminate in the imperative act, in which reason is thrown away; the morbid impulse bursting all bounds without power of control, and an outrageous act of violence and lust committed as the culmination. However, Spitzka concludes that a naturally vicious person may be guilty of similar acts when perfectly sane; which, however, may be doubted.

The tangle of heredity constitutes such persons degenerates, and their morbid propensity develops to the age of full sexual activity, probably increased by sexual abuse, until a passion or obsession, long concealed, bursts forth in a flame of horrible malignancy.

CHIONANTHUS.

Dr. W. Leming, Secretary, Lexington, Ky.

The "Eclectic League for Drug Research" reports on drug "Chionanthus" as follows:

Apparently the only field of action of Chionanthus is the digestive tract especially of the liver. Its ideal case seems to be that of sub-acute states accompanying catarrhal and con-

gestive conditions of the bile secreting tissues. With this may be a long train of sick headache, eructations of gas, nausea or vomiting, neuralgia pains or direct pains from the congested liver, constipation, clay colored stools, jaundice, etc.

Secondarily, the kidneys may suffer considerably and always the specific gravity and color are increased. Its common indications of clay colored stools, high colored urine, pain in the region of the liver and jaundice with loss of appetite, etc., are well known. As a digestive stimulant and tonic under these indications it will not fail providing the trouble is not actual organic obstruction to the outflow of the bile. It is one of the kindliest and most important remedies on the digestive organs that we have.

In some cases of Diabetes its action is marked. Many cases have been to date reported as to its usefulness.

In the October Report of the American Materia Medica Club, Dr. R. B. Taylor, of Ohio, speaks of a case where it was given with effect.

I, myself, have used it a great many times when the urine was suspicious. In fact, have come to look upon the high specific gravity and the "suspicion" of sugar, as a pronounced indication for chionanthus.

Dr. J. E. G. Waddington, Detroit, reports an interesting case of Diabetes Mellitus, as follows:

"Ten minims of Specific Chionanthus, gradually increased to twenty, every three hours, added ten pounds weight to an 85 pound girl 16 years old, with Diabetes Mellitus of one year duration, given up to die by the family physician. It reduced the urine from eight pints daily to three. Nothing else was given." When she seemed to remain in *statu quo* other drugs were given as indicated. He says, 'She is holding her own. She was constipated, stools light and clayey, dullness over liver. She is now getting only ten to fifteen minims three hours after eating.'

While it may not be a "cure" for Diabetes, it will undoubtedly work wonders in cases where the wrong was primarily excited or is augmented by the wrong in the liver.

Reports for September 1, Thuja; October 1, Geranium; November 1, Rhus Tox. Reports solicited.

W. LEMING.

Lexington, Ky., August 1, 1909.

DIETETIC TIT-BITS.

Dr. Q. A. R. Holton, Whittier, Cal.

How many doctors are there who still try to nourish patients with beef tea or bouillon?

When you put beef extract or any other meat products into a typhoid's stomach or any other stomach where the secretion of gastric juice is suspended you poison rather than feed the patient.

These undigested meat foods pass down the alimentary canal and form a splendid medium in which bacilli may multiply and flourish.

When the stomach is in condition to digest a certain kind of food it will make it known through the appetite; there are exceptions to this rule, but in general it is true.

"That tired feeling" usually comes from poison floating in the blood. Barring specific poisons introduced from without the chances are ten to one it is absorbed from a foul alimentary canal.

A clean gut means a clear brain, active muscles and sound sleep.

Canned meats are the usual source of ptomaine poison. The whole filthy mess from beef to sardines should be dumped into the sea.

With his mouth open wide,
In the slimy tide,
An oyster sucked in the ooze;
From the sewer near by
Come welcome bacilli,
For that was the oyster's booze.

"Ah, ha," said he, cheery,
Typhoid and diphtheria
I plant in the bowels and blood
Of the man with a rake,
Who shall ruthlessly take
Me out of my home in the mud."

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS.

Questions of the August, 1909, Examination.

Chemistry.

1. Name the three most important ptomaines, outline their origin and give symptoms of ptomaine poisoning. What do you understand by ptomaines?
2. How may arsenic be detected? Give chemical antidote.
3. How is alcohol beneficial in carbolic acid poisoning? What are the symptoms of carbolic acid poisoning?
4. Name some of the impurities of chloroform and give tests by which they may be detected.

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4. Name some of the impurities of chloroform and give tests by which they may be detected.

5. Name three of the common chemical substances which appear in normal urine. Give the characteristics of diabetic urine.
6. What do you understand by "occult blood" and how would you test for it?
7. What is uric acid? What is its origin and its fate in the human body?
8. What is indican? Discuss the significance of its appearance in the urine and give test.
9. Describe the stomach contents of typical gastric carcinoma.
10. What is the chemical explanation of the souring and curdling of milk? How is soured milk supposed to prolong life?

Hygiene.

1. What is meant by the term, "Typhoid carrier"?
2. What diseases are commonly water borne? What may be contracted from earth?
3. Outline a plan of action after which you would consider that a family in which one member had died of diphtheria, could safely be released from quarantine.
4. Discuss the relation of dairy milk to tuberculosis.
5. Discuss the method of spread of Bubonic plague. Outline a plan for safeguarding a small seaport town against plague.
6. What are the methods in use for the disposal of garbage?
7. Name the three species of tape worms of which man may become the host. In what food are they found?
8. How should barber shops be regulated?
9. Describe four varieties of illuminating gases and their danger to health.
10. Make a diagram showing modern plumbing, from the street to the sewer, of a house having a bath tub, wash stand and water closet.

Histology.

1. Show by drawing, all of the different cells found in human blood, and name them.
2. Describe a lymph gland or node.
3. Describe the descent of the testicle.
4. Draw a vertical section of the skin of the sole of the foot naming layers.
5. Describe the different kinds of muscle.

6. Draw a cross section of the small intestine, taken from a point near the junction of the jejunum and ileum. Name each layer.
7. Show difference between and name layers of Medullated and non Medullated nerve fibres.
8. From which embryonic layer are the following structures derived? (a) Teeth. (b) Bones. (c) Brain. (d) Fat. (e) Thyroid gland.
9. Identify two specimens.
10. Identify two specimens.

Physiology.

1. Give functions of the cord and tell which are upper and which lower neurons.
2. Give general effect of removal of the cord below fourth dorsal.
3. Enumerate the factors that produce normal pressure and velocity of the blood. Explain the effect of inspiration upon blood pressure.
4. In what manner are the lungs protected from the effects of injurious gases?
5. Locate cortical areas for special senses.
6. Explain the result of stimulation of the depressor nerve of the heart. Of what is it a branch?
7. What is an enzyme? Give origin and action of the following; steapsin, trypsin, ptyalin, amylopsin, thrombin.
8. What is the physiological significance of shock?
9. What are the principal factors controlling heat loss and heat production?
10. Name in order of importance the forces that maintain venous and lymph circulation.

Pathology.

1. Name some of the causes of excessive destruction of the red blood corpuscles and describe the results of this destruction in the system.
2. Describe Nature's effects at repair of (a) simple uninjected injuries of the soft tissues; (b) infected injuries of the soft tissues.
3. Explain in full why prolonged physical or mental exertion predisposes one to danger from infection.
4. Describe the condition usually found in Broncho pneumonia at the end of (a) twenty-four hours; (b) at the end of five days.

5. State the cause or causes of and describe the condition found in Chronic Bright's disease (Chronic Interstitial Nephritis) in adults from forty to sixty years of age.
6. Give the cause, morbid anatomy, and usual cause of death in Landry's Paralysis (Acute Ascending Paralysis).
7. In cases of chronic disease of the heart in adults of middle age or past resulting from a remote attack of rheumatism, possibly many years before, describe the condition usually found and why.
8. In malarial infections, describe the conditions usually present in (a) acute cases of only a few days' duration; (b) in chronic cases of many months' duration possibly with no history of an acute attack.
9. Examination of specimens.
10. Examination of specimens.

General Diagnosis.

1. What can be ascertained by palpation of the radial artery and describe the following varieties of pulse; celer, tardus, bigeminus, di-chrotic, intermittens.
2. Describe trachoma.
3. Describe an attack of acute articular rheumatism.
4. Give aetiology of ileus and describe intussusception in detail.
5. Give aetiology and symptoms of lupus vulgaris.
6. Give the physical signs of a cavity in the lung.
7. Give the symptoms and prognosis of myocarditis.
8. Give aetiology, symptoms and complication of amoebic dysentery.
9. Give symptoms and prognosis of general paresis.
10. Give symptoms, complications and sequelae of diphtheria.

Obstetrics.

1. When would you consider pelvimetry necessary? What are the normal diameters of the female pelvis, viz, Transverse, Conjugate, Right and Left oblique? What measurements indicate the induction of premature labor?
2. How would you diagnose ectopic gestation? What are the possible terminations? Symptoms.
3. Mention the varieties of hemorrhage that may occur, from the inception of pregnancy, to the completion of the puerperium. How control in each case?
4. How would you diagnose an occipito posterior position? Why less favorable for delivery than anterior?

5. In case of labor, what conditions would indicate version, what forceps?
6. Give diagnosis and treatment of a breech presentation, including three methods of delivery of the after coming head.
7. What two varieties of asphyxia do we find in the new born child? Prognosis in each case.
8. Puerperal mastitis, varieties, etiology, symptomatology.
9. What are the symptoms of threatened abortion? What are the symptoms of inevitable abortion?
10. What is morning sickness, what its causation? How differentiate from the hypermesis of pregnancy?

Anatomy.

1. Describe the arrangement of the dura mater and mention four of its uses.
2. Describe the temporo-maxillary articulation.
3. What structures can be palpated in the anterior median line of the neck?
4. What muscles, other than those of the arm, forearm and hand, are supplied by branches of the nerve trunks which form the brachial plexus?
5. What are the relations of the stomach?
6. Give the topography of the gall bladder and the appendix.
7. What forms the portal circulation and how does it connect with the systemic?
8. What structures pass under Poupart's ligament?
9. What cutaneous area, muscles and articulations are supplied by the obturator nerve?
10. Describe the arrangement of the bony arches of the foot.

Bacteriology.

1. Name the three great classes of Bacteria, based on the shape of the individuals.
2. Name five pathogenic bacteria which do not stain by Gram's method.
3. Classify the cocci, according to the arrangements of the individuals composing the groups.
4. Briefly describe the method of staining the tubercle bacillus by the Ziehl-Neilson method.
5. (a) Name the bacterium most commonly associated with specific urethritis.
(b) What staining peculiarity distinguishes it from other germs found in the inflamed urethra?

6. What is the distinctive difference between the *Bacillus Coli* and the *Typhoid Bacillus* when grown in the form of a stab culture in the dextrose-agar?
7. What difference, if any, is there between the *Micrococcus meningitidis* and the *Pneumococcus*, when stained by Gram's method?
8. What is the difference in the action of antitoxic and anti-bacterial sera on bacteria and their toxines?
9. Examination of specimen.
10. Examination of specimen.

Gynaecology.

1. How would you make a bi-manual examination of the uterus?
2. Describe a case of *procidentia uteri*.
3. What do you understand by the *trendelenberg position*, and what is the object of this position in examination or operation?
4. Describe an *entrocele*, and how many forms occur, giving their location.
5. How would you make a diagnosis between a large ovarian cyst and abdominal dropsy?
6. What do you understand by *Atresia of the uterine canal*?
7. Differentiate between *hydrosalpinx* and *pyosalpinx*.
8. What important arteries are encountered in the operation for vaginal *Hysterectomy*? Give their origin.
9. Give the distinguishing features of a *dermoid cyst* of the ovary.
10. Describe a *vesico-vaginal fistula*, giving symptoms.

WASTED—THE CHRISTIAN SCIENTIST'S FAITH.

Our sympathy for the poor, deluded soul who attaches himself to a sect without having seen a tangible demonstration of the new faith's superiority over older ones, is boundless. Especially do we feel this sympathy for a grown man, trained in the legal profession and who by inference possesses a keen analytical mind able to differentiate without difficulty between common-sense faiths and those taken up by persons whose actions betoken functional insufficiency of mentality.

Just read the following. Knowing to what a sad extent the minds of these people are warped and how eagerly they accept the sheerest nonsense for the truth, I do not question, in the least, that this learned legal light was misquoted:

"Judge Hanna told of an experience he had in the Science when young and when he was cured of incipient diphtheria. Without medicine and without a physician he was cured in an hour. Speaking of the instance he said:

"Soon after I began the investigation of Christian Science I was called by business to a city where diphtheria was epidemic. I was there for two days. On my return homeward I had to stop over at an intermediate city. I retired early at my hotel, going to sleep in my usual health. About midnight I awoke with a severe pain in my throat, a high fever, and a badly swollen and inflamed condition of the throat and neck. Being a mere tyro in the Science, I was at first much alarmed. My first impulse was to call a physician. Then I remembered my Science and instantly turned my thought with confidence and trust to God. I felt at once His presence and power. I communed unreservedly with Him, knowing that His law was a law of health, not of sickness; of love, not of fear; of life, not of death. Thus praying and communing, within a few moments I fell into a peaceful slumber, and in the morning awoke at the usual time with not a vestige of the trouble in evidence. The fever had entirely subsided, the inflammation had gone, the swelling and every discordant symptom had disappeared."

Another remarkable feature of this subject is the ease with which these untrained disciples of Mother Eddy solve the most intricate diagnostic problems. Those of my readers who have practiced medicine for these many years, and who are daily meeting with obscure conditions calling for the most careful differentiation and which even occasionally prove to be beyond the most highly trained and most widely experienced medical minds will note how lightly our Christian Science friends dispose of difficulties in diagnosis—confessedly one of the hardest fields in medicine to master.

It is a wonderful faith these people seem to have. Such faith as theirs, if coupled with level minds and directed in the proper direction, might advance higher and nobler causes.—*Medical Era.*

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THE UNSEEN FOE.

If the reader will recall his history for a moment we think he will agree with us that nearly all of the great military battles were lost because the vanquished were surprised. Either the battle was precipitated unexpectedly or during the conflict an unexpected turn was made, against which no adequate force then could be brought to bear. It has been well said that "Life is one continued battle" and it would seem that the medical man must bear rather more than his share. For he must meet, not only the conflicts incident to his individual existence, but also the forces engaged in the effort to destroy the bodies and minds of his patients. His fight with the old man with the scythe is constant, severe and prolonged; and notwithstanding he may be the victor a score of times, the time eventually comes when the struggle necessarily is a hopeless one. A brave fight has been made and the friends are content because the result was inevitable; and all is well.

At this time a little reflection privately and silently is a good thing for the doctor. Possibly it would have been better

to have done this a little differently, or that not at all. Possibly this patient's machine was so old and worn that it was out of repair in many places besides the one that we saw. May not the noise of a loosened fender cover up the smell of a hot box? May not a diarrhea cover up a diabetes mellitus, or an irritating cough an inflamed and floating kidney?

The structure of the eye is such that only objects at one certain spot are in proper focus and therefore visible. Other than this one object the whole wide world is either dimly seen, or seen not at all. And there is a striking similarity between our physical vision and our mental vision. The mind becomes so impressed by a certain thing or condition that all else is as it were not. Naught else is recognized, let alone considered. And, as the brains of medical men are made of the same stuff as the brains of other men, it sometimes happens that a patient dies from some disease not recognized. Furthermore, a patient may recover from a disease which was not suspected until long afterwards. And as patients with chronic diseases in particular are prone to have their machinery out of order in many places and divers ways, it behooves us to be especially careful in prescribing for them. Look at the case from all sides and consult with a colleague, if need be; for it is here that we are likely to be surprised by an unseen foe.

DRUGLESS HEALING VERSUS MEDICINE IN THE U. S.

By Eli G. Jones, M.D.

"Oh wad some Pow'r the giftie gi'e us,
To see ousrels as others see us."

I believe the medical profession does not fully realize the rapid growth of Drugless Healing in this country. In order to prepare a paper of this kind, I have been to considerable labor and time and expense to get at the real facts, to get reliable statistics that could be depended upon. I have gone to headquarters—to men who were the most competent to give the figures I asked for. I have had statements from three or four different men on each form of Drugless Healing, and from them have formed a general average, so that I am prepared to give the correct data. I have tried to do justice to all without fear or favor. In presenting the following table of statistics, I give the name of the particular form of Drugless Healing also number of practitioners and number of patients they treat. The Mother Christian Science Church, in Boston,

Massachusetts, has 40,000 members. There are 900 churches and societies in America.

Suggestive Therapeutics;	Practitioners	Patients
Magnetic Healing -----	10,000	3,000,000
Christian Science -----	5,000	4,000,000
Mental Science -----	2,000	2,000,000
Osteopathy -----	5,000	3,000,000
Naturopath -----	2,000	3,000,000
Physical Culture -----	2,000	1,000,000
Ophthalmology -----	1,500	862,500
Chiropractic -----	500	287,500
Faith Healing -----	100	150,000
Food Scientists -----	100	200,000
Emmanuel Healing -----	100	100,000
	28,300	17,600,000

After deducting out the illiterate and those who do not read or speak the English language, we find that out of a population of 70,000,000 in the United States, there are 17,600,000 who employ some form of Drugless Healing instead of going to a doctor for advice and treatment. Of the 15,963,965 families in the United States there are 5,000,000 families who patronize some form of Drugless Healing or nearly one-third of all the families. At the present rate of increase in population, in 1920 there should be 88,000,000 people in the United States. At the rate Drugless Healing has increased within the past ten years, in eleven years from now (in 1920) there will not be less than 55,000,000 persons at that time committed to some form of Drugless Healing. They will then hold the balance of power in this country. At the rate of increase of the medical doctors (deducting out deaths), there will be, in 1920, 160,000 doctors who will only have about 33,000,000 people to depend upon for their bread and butter. In twenty years from now, at the outside, the doctors will be out of business in this country. The present tactics pursued toward these Drugless Healers by the medical profession, if continued, will only hasten its downfall. We should have learned wisdom from the past; going back 100 years we had the new school of physicians to contend with. First we tried ridicule, then persecution, then prosecution, then laws were made to legislate them out of existence. All this only made them increase so much faster, until at the present time we have 30,000 physicians of the eclectic, homeopath, and physio-medical (botanic) school of medicine, who are patronized by 17,000,000 people in America. Therefore, to combat successfully with this Drugless Healing, we must change our tactics entirely or

meet with defeat, as we have in the past. To understand why Drugless Healing has grown so rapidly in our country, we must seriously consider the different causes that have brought about this condition of things. It is an old law in military science that we "should never expose our weak points to the enemy," yet that is just what the medical profession has done repeatedly within the past century. In textbooks, in medical journals, in lectures, in the public press, have appeared statements from prominent physicians, declaring their lack of confidence in drugs to heal the sick. All such statements have been just so much ammunition furnished the enemy with which to accomplish our defeat. By sticking to old ideas and old remedies and old theories we have showed a lack of progress; thus it is that many diseases of our people are not being cured by the physicians; but as the following table will show, the mortality is increasing instead of decreasing, as it ought to, so we have exposed another weak point to the public. Deaths from the following named diseases in 1890 and 1900:—

	1890	1900.
Consumption -----	102,199	111,059
Pneumonia -----	76,496	105,971
Heart Disease -----	44,959	69,315
Diseases of kidneys -----	19,457	36,724
Typhoid fever -----	27,058	35,379
Cancer -----	18,536	29,475
Apoplexy -----	14,999	26,901
Inflammation of brain and meningitis -----	17,775	25,664
Paralysis -----	16,570	23,865

Influenza, diseases of the stomach, measles, diseases of the liver, peritonitis, scarlet fever, septicema, diabetes, rheumatism, and cerebrospinal fever, all show an increase in the number of deaths. Deaths from appendicitis, there were 5111 in 1900. It is a fact, and one not pleasant to contemplate, that most of the above diseases are being cured by the Drugless Healers, while we as a profession have been loudly protesting that certain diseases are incurable by medicine, they are being cured by some form of Drugless Healing without medicine. We have exposed another weak point in neglecting the study and treatment of chronic diseases. Patients have gone the rounds of the doctors to get relief, but as they could not find it, they drifted into the hands of the Drugless Healers. Within the past century our people from an excessive indulgence in tea and coffee, and other stimulants and narcotics; have become a nervous hysterical people. Insanity and nervous diseases are rapidly increasing. This class of patients go

to the doctors, and because they don't understand how to treat such cases, many of them pass into the hands of the Drugless Healers, where they can find some one who can minister to a "fiend" and nerves diseased. Another weak point that we have exposed to the public is the fad and mania for operations; in every case where the surgeon can possibly find an excuse for cutting, it is done. Thus it is that our American women, for many of the ailments they have, are being unsexed and degraded to gratify the lust of the surgeon for operations. How can a woman perform the duties of a wife and mother when she has been mutilated and unsexed? This is something that we shall be called to an account for at the bar of public opinion. We have raised the standard of medical education, we have lengthened the course of study in the medical colleges, our teaching has become more and more technical and scientific, until it has reached the point where the doctors are graduated, loaded down with technical knowledge, but lacking the real practical knowledge to enable them to heal the sick. As the years pass on less and less time is given the study of *materia medica* and practice, until now we give 50 per cent. of the time to teaching surgery. It would seem from this that it is of more importance to know how to cut up our patients than to know how to cure them. We have had medical laws enacted making it a crime to heal the sick. These laws have proved a boomerang to the profession. The doctors are so well protected that they must stick where they are; they cannot move to another State to practice. Your gray hairs, your reputation, your skill and experience will not save you; your diploma don't count for anything. It is for the medical board to say whether you shall be allowed to practice your profession or not. The public at large may laugh at us for being caught in our own trap, and while we have become so well protected by our medical laws, the people are learning how to cure themselves without our assistance. Every prosecution of the Drugless Healers, every time you stir them up, it simply advertises them, and adds thousands of friends and patrons to them. It is a well-known law in horticulture that with certain plants and shrubs the more you stir the dirt around them the faster they grow. Let them alone and they will wither and die. When will the profession learn wisdom and let the Drugless Healers alone? It becomes a very serious question what can be done to stem the tide of Drugless Healing in America? It has been a matter of deep thought with me, and it seems to me that the future of our profession will largely depend upon how we meet the present issue. It is a critical time with us, and we cannot afford to make any foolish blunders. I believe that with us it is simply

"United we stand, divided we fall." Our first move should be organization, some would say; "why not organize as one society under one name, dropping all issues and pathies?" Such a thing would be impossible; each particular school of medicine has its teachings, its history, its traditions, its ancient landmarks. There is something that we can do; "stop quarreling among ourselves and calling each other names." In every village, town and city let the doctors meet together, form clubs and societies and unite for the common good. Let us show the people that we are united to retain the confidence of the public; we must satisfy them that we are competent to treat any disease in our country at the present time, also that we believe in our medicines. Unless we can do that our chances for the future are very slim. We must study the definite action of our remedies on the human body in health and disease. Much valuable time has been lost experimenting on serums, on rats, mice, and rabbits. Meanwhile the Homeopaths and Eclectics have been building up a system of definite therapeutics from testing remedies on the human body in health, and at the bedside of the sick. I really believe that there is a platform upon which all physicians can unite, and with that platform they can save themselves and stand as a solid front before the world. I urgently request every doctor to read this carefully; I want to hear an honest expression from every physician. Are you with me in this fight to save our profession? Whereas, we believe it to be the business of a physician to heal the sick, therefore we hold the following propositions to be self-evident:—

1. That it is the duty of the physician to use every means in his power to cure his patients.
2. That a therapeutic fact is of value to us, no matter from what source it may come.
3. That we are opposed to useless surgery, believing it to be the duty of the physician to give his patients the best medical treatment that skill and experience can give them, and to only use surgery as a last resort.
4. That we love and honor our Alma Mater, and have perfect confidence in its faculty to judge of our qualifications to practice as an M. D. Therefore, we insist upon our diploma being the passport for us to practice our profession anywhere under the American flag.
5. We are not afraid of competition with our brother physicians, and we do not ask to be protected by any medical law.
6. We welcome to our ranks any respectable physician, no matter what his system of therapeutics may be.
7. We claim the Constitutional right of every American citizen to use any remedies that may help us to cure our pa-

tients. We are opposed to any man, or society of men, dictating to us what remedies we shall use or what medical journals we shall read.

8. We are aware of the fact that much harm has been done our profession by belittling the study of *materia medica* and teaching the uncertainty of remedies, thus making medical nihilists of so many of our physicians. We would earnestly advocate the diligent study of the action of our remedies in health and disease, that we may all the sooner form a definite system of the therapeutics containing remedies that do have a positive remedial action upon certain diseased conditions. I honestly believe that the great majority of our doctors love their profession and are anxious to heal the sick, to do all they can for suffering humanity. That being the case, it would seem to me, that every intelligent, broad-minded physician can honestly endorse the above platform with all his heart and soul. Under this standard we shall "win out;" divided, we shall go down to defeat. Let us not deceive ourselves as to the strength and influence of Drugless Healing; they have spent vast sums of money to educate the people how to be cured without medicine; many books, pamphlets, circulars, magazines, and newspapers are being published and distributed all over the country. They are fully organized; every move made by our profession is carefully watched by them; every death from useless surgery, every death from vaccination, every blunder made by a mistaken diagnosis or treatment, every word uttered by a physician that can possibly be construed as lacking faith in medicine, is all recorded. The books are being opened and the profession is being judged out of the things written in the books. You may rest assured that the people will give you all the laws you ask for for your protection, for they know right well by so doing they are only giving you so much more rope to hang yourselves with. Dating from the time when the first medical law was passed, Drugless Healing has been growing by leaps and bounds in this country. In loudly proclaiming the importance of preventing disease, let us not forget to tell the people how to cure it. What would you think of a fireman called to a burning house, telling the owner that they did not know how to put out a fire, but would try to prevent any other building from getting on fire? What are firemen for if not to put out fire? What are doctors for if not to heal the sick? From now on if we want to retain the respect and confidence of the public, we must play fair and be honest with them. We profess to be able to heal the sick and now we have simply got to make good or see the Drugless Healers grow and fatten on our failures—Med. Summary.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. T. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

NEWS ITEMS.

By some inadvertence the technical name of "water mody" was erroneously given in a recent number of the Journal. Its correct name is Baccharis Glutinosa.

Dr. G. W. Harvey, Ripon, writes that if any Eclectic brother is looking for an extremely healthy location with \$1,500.00 a year thrown in, refer such to him.

The 1909-1910 Session of the California Eclectic Medical College will begin with the opening lecture on September 13. If you haven't received an announcement, please write for one.

Dr. Q. A. R. Holton, Whittier, spent his vacation in Baya-cinatti and in the mountains near there.

Harry Solomon, son of Dr. J. C. Solomon, has returned to his studies in the State University at Berkeley, from which institution he will graduate this year.

Mrs. E. R. Harvey and son of Long Beach, are visiting friends and relatives in Ohio. They attended the exposition in Seattle and then went East over the Canadian Pacific. The Doctor went East later and will accompany them home.

Dr. and Mrs. L. A. Perce and Dr. and Mrs. E. R. Harvey entertained the Los Angeles Eclectic Medical Society to an elegant dinner on August 3rd at Long Beach.

Dr. J. A. Munk attended the Encampment of the Grand Army of the Republic at Salt Lake City, and had a most delightful time, but came back thinking Los Angeles was nicer than ever.

Dr. J. E. Shearer has returned to his former home, Medford, Oregon, to practice his profession. For the past five years he has been District Surgeon for the Southern Pacific R. R. Co., but has now resigned that position.

Professor John Uri Lloyd, wife and daughter arrived in Los Angeles, August 14, and are visiting Dr. and Mrs. O. C. Welbourn. Professor Lloyd is a chemist and scientist of more than national reputation, is a member of the American Pharmaceutical Association and delegate to the meeting which was held in this city during the third week of August. He is a staunch friend of Eclecticism—not one of the wobbly kind. He is held in high esteem by all who know him; but is especially admired by his friends for his undying devotion to the cause of Eclectic medicine.

Professor Lloyd and family spent a day at the College Botanical Garden as the guests of Dr. Munk. Arrangements have been made for gathering a supply of *Anemopsis*, the new catarrh remedy, to manufacture into Specific Medicine. The Botanical Garden can furnish about all that is needed; but if there should be any lack, plenty more of it is growing just over the fence.

Atlanta, Ga., August 10.—Osteopathy was recognized as a profession by the State of Georgia when the House overwhelmingly passed the Senate bill providing for a State Board of Examiners in Osteopathy and providing for license fees. Governor Brown already had signified his intention of signing the bill.

The State Board of Medical Examiners met in San Francisco August 2. A new ruling of the board was that when an applicant fails by a fraction of one per cent. in general average, or falls a little below the minimum in one branch when the general average is high, the paper should be referred to a final court of revision with power, where they thought the case was worthy, of raising the paper to a passing mark. This action to be taken on numbered papers only and before the envelopes disclosing the name have been opened. Another new ruling is that questions to be asked on each branch are to be submitted to the whole board. The examiners are given ten days for grading their papers.

The Naturopaths presented thirty-one names of members of their Society to be endorsed by the Board in accordance with the recent law. This makes eighty-six Naturopaths in this State.

Dr. Charles Mealand and wife of Sacramento, Cal., are in the city on a vacation. They, like all others, enjoy the beauty and comfort of Southern California, but have to content themselves with a brief stay.

Judge E. R. Monk of the Faculty has been seriously sick from a general breakdown. He has reached the turning point and is now slowly improving.

BOOK REVIEWS.

HANDBOOK OF DISEASES OF THE RECTUM, by L. J. Hirschman, M.D., Professor of Clinical Proctology, Detroit College of Medicine and Surgery. 150 Illustrations, 400 pages, including two colored plates. Price, \$4.00. C. V. Mosley Medical Book and Publishing Co., St. Louis, Missouri, 1909.

This work by Dr. Hirschman, most profusely illustrated is one which fills a long felt want.

The chapter dealing with local anaesthesia in the treatment of diseases of the rectum and anus opens a new field of work. The technique of operative measures under local anaesthesia is fully described and made as simple as possible. The limitations of office treatment and indications for other measures are clearly defined.

The last chapter we consider one of the most valuable in the whole book; this deals with feces and their examination. Here is a subject which in the past has not received the attention it deserved. All recognize the importance of examination of feces in the diagnosis of intestinal diseases peculiar to tropical regions but in many other diseases it will be found that their examination is of no less significance.

To the general practitioner and the specialist in Proctology this work will be found of great value.

CANCER OF THE WOMB, its symptoms, diagnosis, prognosis and treatment by Frederick John McCann, M.D., F.R.C.S., M.R.C.P. Honorary president section of Obstetrics and Gynecology, fifteenth International Medical Congress, Lisbon, 1906. 46 illustrations with one colored plate, 171 pages, London, Oxford University Press, 1909.

In this work on Cancer of the Womb by Dr. McCann, there appears a concise account of our present knowledge of this disease with a systematic description of the naked eye and microscopical appearances. Each type of cancer is illustrated by clinical examples, also with a plate representing the disease after the womb has been removed. Most of the cuts are from photographs of the specimens taken soon after removal and truly represent the actual disease. As every one knows, many illustrations of uterine cancer bear little or no resemblance to the disease as found in the living subject, although they may possess artistic merit.

The importance of early diagnosis is apparent to every one who practices the art of healing, since whatever method of treatment is decided to be the best must be applied in the early stages. At present operation in the early stages of the

disease, can cure uterine cancer, and the percentage of cures is destined to increase when medical practitioners are fully cognizant of the signs and symptoms which cancer produces in its initial stages, and when surgical treatment is promptly employed.

In the chapter on After Treatment of Operations for Cancer of the Womb, the author gives his own personal experience, and although the views stated are somewhat at variance with what is accepted at the present time, the methods recommended should be given a fair trial before being condemned.

It is only necessary to glance over the table of contents of this work to realize the importance and value of this work as presented to the profession by Dr. McCann.

HUMAN PHYSIOLOGY, an elementary text-book of anatomy, physiology and hygiene by John W. Ritchie, Professor of Biology, College of William and Mary, Virginia, 362 pages, Yonkers-on-the-Hudson, New York. World Book Company, 1909.

Ritchie's Human Physiology is a most commendable book. It seems to treat important subjects in a manner simple enough to reach down to the level of a beginner's understanding without sacrificing anything of value in useful knowledge. It is readable and instructive, and of necessity must stimulate the thinking powers of teachers and pupils alike. Every teacher of this subject in the grammar grades of our schools should read and know this book.

VACCINE AND SERUM THERAPY, including also a Study of Infections, Theories of Immunity, Opsonins and the Opsonic Index by Edwin Henry Schorer, B.S., M.D., Assistant Professor of Parasitology and Hygiene, University of Missouri, etc. Illustrated 131 pages, St. Louis, C. V. Mosley Co., 1909. Price \$2.00.

In this work the present knowledge concerning vaccines and immune sera has been stated concisely and accurately. In recent years no subject has appeared more prominently or frequently in medical literature than that concerning opsonins, opsonic immunity and bacterial vaccines. Therefore considerable space has been devoted to these subjects.

To any practitioner desiring information which will lead to a better understanding of the nature of infections and the subjects of immunity, and active and passive immunization, no better work can be found than this by Dr. Schorer.

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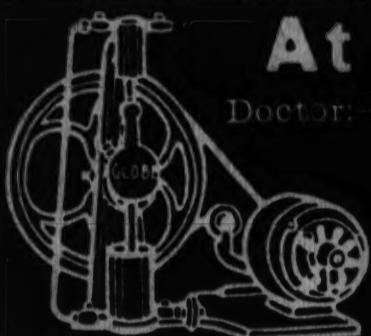
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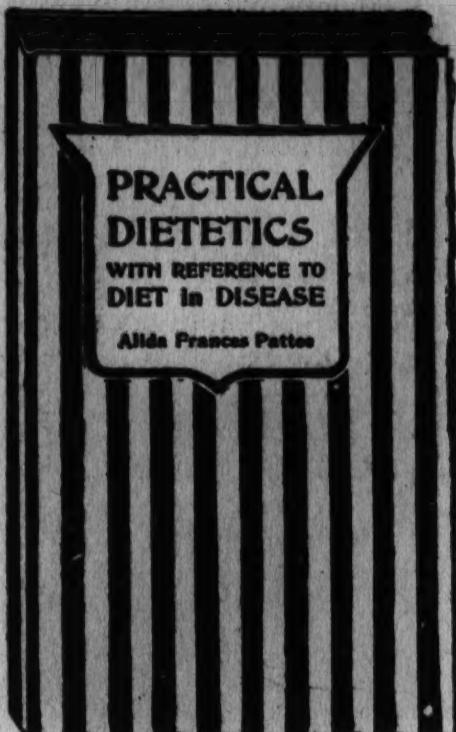
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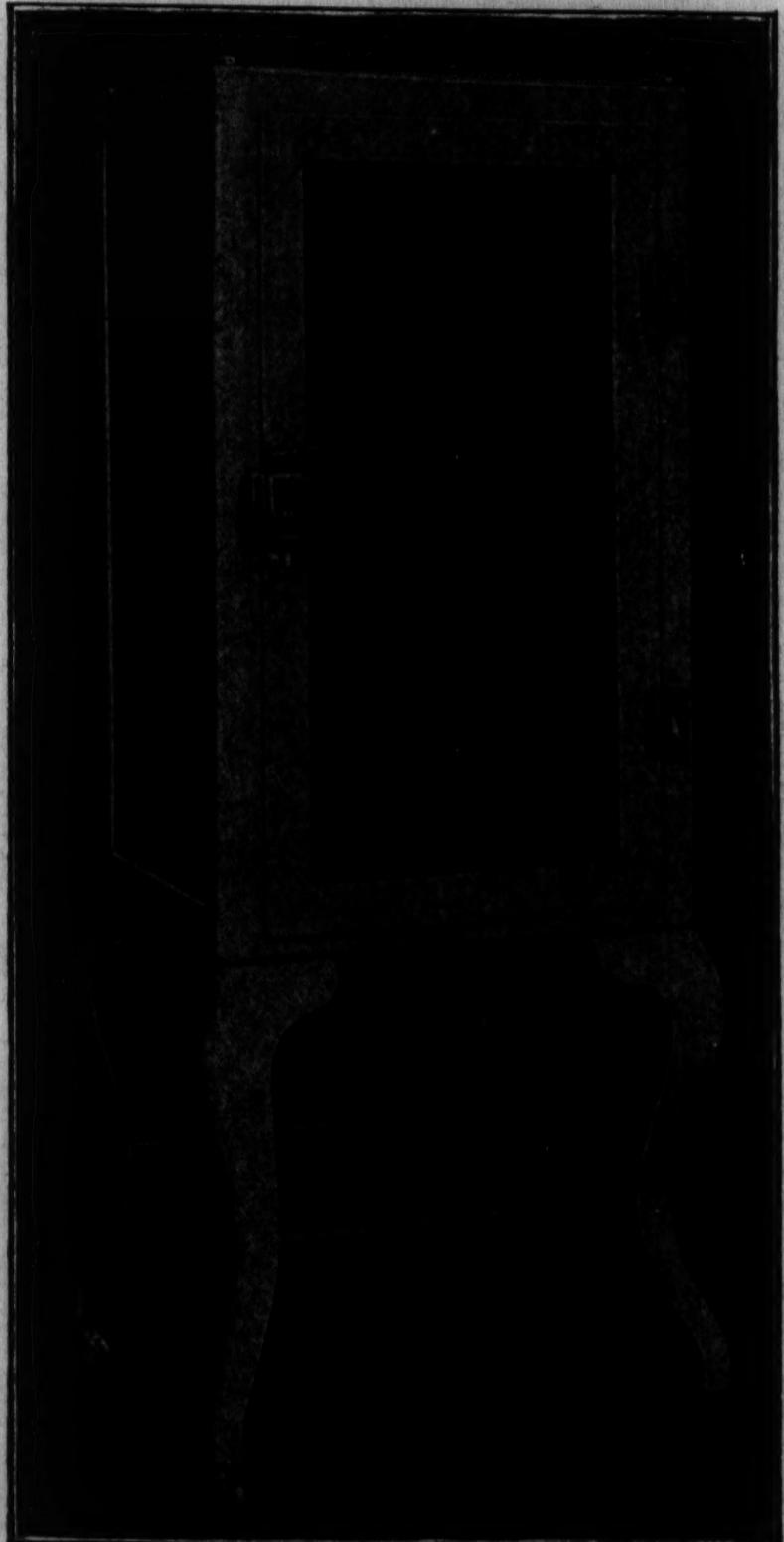
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